DRAFT

Department of Social Health Services
Medical Assistance Administration

Encounter Data

Guide

For

Managed Care Organizations

January 2004

DRAFT

INTRODUCTION

Encounter data received from DSHS contracted Managed Care Organizations (MCOs) is used for many purposes. Among these are: federal reporting; rate setting and risk adjustment for MCOs; Medical Assistance Administration's (MAA's) hospital rate setting; Medicaid managed care quality improvement program, and research. Encounter data from MCOs must include all services delivered to DSHS enrollees, regardless of how the MCO pays for or provides the service. This guide includes the current DSHS/MAA proprietary format for encounter data submissions.

Encounter data must be submitted in the proprietary format described in this guide for all services provided to Medicaid clients according to the schedule below. Services provided on or after July 1, 2004 will be reported in a new standard format. The new format specifications will be updated in a subsequent version of this guide. MAA will maintain/update this guide on the DSHS/MAA website under the Healthy Options program at http://maa.dshs.wa.gov/HealthyOptions/index.html.

Reporting Quarter	REPORTING QUARTER	SUBMISSION DATE
Q3-03	July 1 through September 30, 2003	January 2, 2004
Q4-03	October 1 through December 31, 2003	April 1, 2004
Q1-04	January 1 through March 31, 2004	July 1, 2004
Q2-04	April 1through June 30, 2004	October 1, 2004
Q3-04	July 1 through September 30, 2004	**New Format** January 2, 2005
Q4-04	October 1 through December 31, 2004	**New Format** April 1, 2005

SUBMISSION REQUIREMENTS

Proprietary Format

Encounter data submissions are due based on the above quarterly reporting schedule. Effective with the October 1, 2003 submission due date, MCOs shall use MAA's Secure File Transfer (SFT) site to submit the following information:

1. A copy of the letter of certification attesting to the accuracy of the data in accordance with paragraph 6.1 of the HO/SCHIP contract. The original letter of certification shall be mailed to DSHS as follows: Peggy Wilson, Section Manager
   Managed Care Contract Section
   Division of Program Support
   Medical Assistance Administration
   Department of Social and Health Services
   P.O. Box 45530
   Olympia, WA 98504-5530

2. Encounter data file for both Healthy Options (HO)/SCHIP and Basic Health Plus (BH+) as identified by the MCO's Medicaid provider number. This file must be combined and zipped. The file should be in text format and labeled using the following elements.

   EXAMPLE: EDGHCEQ12003I.txt
   ED=Encounter Data
   GHCE=Group Health Cooperative-East **- OR -**
   GHCW=Group Health Cooperative-West
   Q1=Quarter 1 Q2=Quarter 2 Q3=Quarter 3 Q4=Quarter 4
   2003=Year
   I=Initial submission **- OR -** CR1=First Complete Resubmission

3. A complete crosswalk file of all providers reported. This file must include the Provider's full name, Medicaid ID number when known, and: State License number, Drug Enforcement Administration (DEA) number, Federal Tax-ID number for individual providers or NAPB number for pharmacies. The intent of this crosswalk file is to identify providers when the plan cannot identify the provider using a valid Medicaid provider number.

GENERIC FIELD SPECIFICATIONS

1) NUMERIC FIELDS

- RIGHT justify (data)
- ZERO fill (from left)
- EIGHT fill when:
  - Not applicable to the encounter type. Examples: (1) Eight-fill the hospital discharge date for all encounter types, except on inpatient hospital encounter types. (2) Eight-fill the revenue code (Field 21) for outpatient hospital encounters when a procedure code is reported in Field 16 not IP. (3) Eight-fill the Medicaid ID number (field 7 or 8) when the contractor is unable to obtain a Medicaid Provider Number AND is using an Alternate Provider ID in fields 38 & 39.
- NINE fill when valid entries are required but unknown. Nine-filling for unknown numeric data will result in an error.
- DATE FORMAT – MMDDYY (DSHS edits provide for identifying century)
- DECIMAL POINTS – DSHS edits assume decimal points except for Fields 16, 17, 19 and 20. For these four fields, the decimal points are to be inserted as required by the appropriate coding systems.

2) CHARACTER FIELDS

- LEFT justify (data)

- BLANK fill (from right) when:
  - Valid entries are required but unknown. Blank-filling character fields will result in an error.
- HYPHEN ('-') fill when
  - Not applicable to the encounter type. Example: (1) A hospital reports an inpatient stay and there are only 2 diagnosis codes. Hyphen-fill diagnoses 3 through 9 since there are no diagnoses to report. (2) A Procedure Code Modifier is not applicable for the service provided. Hyphen-fill field 18.

DEFINITIONS AND DATA SOURCES

ENCOUNTER: An encounter is defined as a single medical service or a period of examination or treatment provided to an enrollee. MCOs are required to report all delivered services and procedures. Only Medical Code Sets from the following list are acceptable to determine the diagnosis and procedure of the delivered service.

- Current Procedural Terminology (CPT).
- Standard Edition International Classification of Diseases (ICD.9.CM)
- Health Care Financing Administration Comprehensive Procedure Coding System (HCPCS).
- Current Dental Terminology (CDT).

NOTE: Use the edition concurrent with the Date of Service being reported.

VALID PROVIDER IDENTIFIERS: MAA assigns a Medicaid Provider Number to all providers who provide services to Medicaid fee-for-service clients. A list of active providers and their Medicaid Provider Numbers is available monthly for downloading from MAA's SFT encounter data subdirectory site. When the MCO provider does not have a Medicaid Provider Number, the encounter must be reported using an Alternate Provider ID. The following list includes the only acceptable Alternate Identifier until the National Provider Identifier (NPI) is established and implemented:

- Federal Tax Identification numbers used by the billing provider for income reporting to the IRS – this must either be an Employer Identification Number (EIN) or a Social Security Number (SSN)
- State License numbers assigned by the Washington State Department of Health to providers certified, registered or licensed in accordance with Title 18 RCW or Chapter 70.127 RCW. For out-of-state providers, use the State License Number from the issuing state if available.
- DEA Identifier numbers assigned by the U.S. Drug Enforcement Administration.
- NABP (National Association of Boards of Pharmacy) ID numbers for identifying pharmacies. (The National Council for Prescription Drug Programs (NCPDP)

purchased the NAPB and now assigns this number. Refer to the NCPDP website for more information http://www.ncpdp.org/provider.asp

ENCOUNTER TYPES

MAA uses the Encounter Type code to group "like" services together. MCOs must make every effort to group services into the proper categories listed in the table below. MAA will not reject encounter data submissions if a service is not grouped with the correct Encounter Type Code.

ENCOUNTER TYPE CODE (FIELD # 1)	DESCRIPTION	SERVICES INCLUDED
D	**Drugs & Medications**	Includes only drugs and medications dispensed by a **pharmacy**. Do not include drugs/medications provided in a medical/professional office or hospital setting – These HCPCS codes are to be included in Encounter Type J for medical office settings or Encounter Type M/R for services rendered in an outpatient facility/hospital setting with the appropriate NDC code as required. Do not include Medical Supplies or Equipment purchased/rented from a pharmacy – These are reported in Encounter Type P.
J	**Medical Practitioner Services**	Generally includes all services delivered by primary care providers and medical professionals. Also includes the technical services provided in laboratory and radiology facilities and the drugs/medications (HCPCS J**** codes). Include services such as: • Office visits • Professional bills for surgeons, anesthesiologists, pathologists, radiologists etc. • Services delivered at an urgent care facility • Therapy services (PT/OT/ST) • Outpatient mental health services • Laboratory • Radiology • Drugs and Therapeutic Injections • Immunizations • Vision Services • Audiology • Allergy testing & Immunotherapy • Miscellaneous medical services such as Venipuncture, Dialysis, Gastroenterology, Ophthalmology, Otorhinolaryngology, Non-Invasive Vascular Diagnostic Studies, Pulmonology, Neurology, Central Nervous System Tests, Chemotherapy, Dermatology, or Podiatry.

ENCOUNTER TYPE CODE (FIELD # 1)	DESCRIPTION	SERVICES INCLUDED
L	**EPSDT**	Early Periodic Screening and Diagnosis Testing visits for children age 0-21. Include all • Well Baby/Well Child exams • Immunizations • Inter-periodic well child screenings • Chiropractic Services for children to include spinal manipulations, and radiology performed at the chiropractors office.
M	**Outpatient Hospital/Facility Services** **Home Health and Hospice**	Includes all Facility Charges for the services and technical components performed by employees of a hospital, outpatient freestanding facility, ambulatory surgical center, trauma center, kidney/dialysis center, mobile radiology unit, birthing center etc. Does not include the professional charges that are billed separately and included in Encounter Type J. Also includes services provided by Home Health and Hospice agencies in the home.
P	**Medical Supplies, Equipment, and Transportation**	Includes all medical supplies and equipment dispensed by a designated medical supply store/agency and all medically necessary transportation by ambulance (air or ground).
R	**Inpatient Hospital**	Includes all services provided during an inpatient stay (more than 24 hours) in a hospital or Skilled Nursing Facility. **Note:** Inpatient stays less than 24 hours include only those services relating to: • Obstetrical Delivery • Initial care for newborns • Death of a client • Transfer to another acute care facility

ENCOUNTER DATA RECORD LAYOUT

Field ID	*General Field Description*
1	**ENCOUNTER TYPE CODE** Contractors are required to assign the services and codes to the associated encounter type specified on the attached Encounter Type Table. Enter a single character code to designate the type of encounter. **D** – Pharmacy **J** – Medical Practitioner Services **L** – EPSDT **M** – Outpatient Hospital/Facility Services + Home Health and Hospice

Field ID	*General Field Description*
	P – Medical Supplies/Equipment, & Transportation **R** – Inpatient Hospital Services
2	**ENCOUNTER IDENTIFICATION NUMBER** A number assigned to each encounter and attached to each record in that encounter for the purpose of grouping records belonging to a single encounter. Number encounters sequentially in an encounter data file.
3	**LINE ITEM NUMBER** A number (e.g. 01, 02, 03 etc.) assigned sequentially to each instance/item separately reported in a single encounter.
4	**PIC = PERSONAL IDENTIFICATION CODE** Identifier assigned to each recipient approved for Medicaid services. DSHS provides a list of Medicaid recipients enrolled with the plan to the Contractor on a monthly basis. The list includes each recipient's PIC. The PIC is to be reported in Field 4 in DATA format: • First 5 characters of last name (Blank-fill unused positions); • Initial character of first name; • Initial character of middle name (If no middle initial, a hyphen is shown); • Date of birth in YYMMDD format; • A tiebreaker code (assigned by DSHS at time of enrollment). For NEWBORNS use mother's PIC only until newborn has own PIC and it is no more than 90 days after date of birth or: • The family moves out of state; • The newborn is adopted, placed in foster care or dies before getting a PIC; or • The mother leaves the Contractor within 30 calendar days of the birth and the newborn never appears on the payment or enrollment listing for the Contractor.
5	**DATE OF BIRTH** Patient birth date formatted: MMDDYY. Use newborns birth date when using mother's PIC.
6	**PLAN ID** The Medicaid Provider Number assigned to the carrier designating the contract under which the member is enrolled (e.g. Healthy Options, Basic Health Plan Plus).
7	**BILLING PROVIDER ID -** The Medicaid Provider Number assigned to the: • Federally Qualified Health Center (FQHC) and/or Rural Health Clinic (RHC) when the enrollee received the medical services from an FQHC/RHC. (759*****) • Clinic or Provider Practice of performing/attending provider. (7*******) • MCO, when it is the sole performing/attending provider's employer. (750*****) • Facility reporting inpatient and outpatient services. (3*******) • Pharmacy for the reporting of Pharmacy encounters. (6*******) • Medical Supply Providers (6******* OR 9*******) • Individual Provider. (1******* OR 8******* OR 9*******)
8	**PERFORMING/ATTENDING OR PRESCRIBING PROVIDER ID** - A Medicaid Provider number assigned to the provider who rendered, attended to, or prescribed the service. • For prescribed/ordered services for prescriptions, supplies, laboratory, radiology, and other diagnostic services use the Medicaid Provider Number of the 'prescribing' practitioner who wrote the prescription or ordered the service. • The first digit of the Medicaid Provider ID number must be a 1, 2, 5, 8, or 9.

Field ID	*General Field Description*
	• For Inpatient Hospital services this field should identify the Attending Provider.
9	**DRG CODE Inpatient Hospital (Encounter Type R) only –** Include the Diagnosis Related Group (DRG) Code using the All Patient DRG (AP-DRG) Grouper Version 14.1 from 3M/HIS. When a DRG code is not available on the hospital claim or the MCO uses a different version of the grouper to pay claims, then 9-fill this field.
10	**HOSPITAL ADMISSION DATE** Format: MMDDYY Source: UB-92: FL-17, "Admission Date"
11	**PATIENT DESTINATION ON DISCHARGE** Applies only to Inpatient Hospital (Encounter Type 'R'). Location to where a patient was discharged. Code Destination at discharge 01 Discharged to home or self-care 02 Discharge/Transfer to another short-term hospital for inpatient care 03 Discharge/Transfer to a Skilled Nursing Facility 04 Discharge/Transfer to an Intermediate Care Facility 05 Discharge/Transfer to another type of institution for inpatient care or referred for outpatient services at another institution. 06 Discharge/Transfer to home under the care of a Home Health service organization 07 Left against medical advice 08 Discharge/Transfer to home under the care of a home IV Therapy provider 20 Death 30 Still a patient or expected to return for outpatient services Source: UB-92: FL-22, "Patient Status"
12	**LINE BILLED CHARGES** - Applies to inpatient and outpatient hospital encounters only. Enter the line-billed charges for each Revenue Code reported on an inpatient hospital encounter and the line-billed charges for each Revenue Code and CPT or HCPCS Code reported on an outpatient hospital encounter.
13	**DATE OF SERVICE** Format: MMDDYY For Inpatient Hospital Services – use the Date of Discharge as the Date of Service.
14	**HOSPITAL DISCHARGE DATE** Format: MMDDYY Source: UB 92: FL-6, "Through."
15	**PLACE OF SERVICE CODES** **Note:** These codes are different from Medicare Place-of-Service codes or the HIPAA standard codes. Code Place of Service 1 Hospital, Inpatient 2 Hospital, Outpatient 3 Office or ambulatory surgery center 4 Client's residence 5 Emergency room 6 Congregate care facility 8 Skilled nursing facility 9 Other

Field ID	*General Field Description*
16	**PRINCIPAL PROCEDURE CODE -** Must use only the Medical Code Sets found in: • Current Procedural Terminology (CPT). • Standard Edition International Classification of Diseases (ICD.9.CM) (This is used to identify procedures for inpatient hospital stays.) • Health Care Financing Administration Comprehensive Procedure Coding System (HCPCS).
17	**OTHER PROCEDURE CODES** (up to 5 codes may be listed) These should be repeated on each line of an inpatient stay. Hyphen-fill if not applicable.
18	**PROCEDURE CODE MODIFIER** When applicable to the CPT or HCPCS procedure codes on all encounter types. Only standard modifiers are to be used. State unique modifiers will not be accepted for dates of service after October 16, 2003. DO NOT use this field for the EPSDT Referral Indicator.
19	**PRINCIPAL DIAGNOSIS CODE** • Only ICD.9.CM diagnosis codes are allowed. • Coding must be explicit using the maximum number of digits appropriate AND include the decimal point where applicable.
20	**OTHER DIAGNOSIS CODES (up to 8)** Hyphen-fill unused diagnosis fields.
21	**REVENUE CODE** - Applicable to hospital (Inpatient and Outpatient services), hospice and home health encounters only. For Outpatient services submit BOTH a Revenue Code and a Procedure Code if applicable for each line item.
22	**NATIONAL DRUG CODE (NDC)** Enter the eleven-digit NDC number without hyphens/spaces of the drug dispensed. Include NDCs for over-the-counter medications. For Medical Practitioner, (Encounter Type J), NDC numbers are required for "J" HCPCS codes used in the provider's office setting. Use the Food and Drug Administration's (FDA's) website to verify federally covered Medicaid NDCs: http://www.fda.gov/cder/
23	**UNITS OF SERVICE -** A quantitative measure of the services provided such as: • Number of Units • Number of Days • Number of Visits • Quantity filled/dispensed • Hours/minutes
24	**EPSDT REFERRAL INDICATOR** [EPSDT = Early and Periodic Screening Diagnosis and Treatment] Applicable to EPSDT encounters (L) only. A two-digit code that indicates if a patient was referred for treatment as the result of the visit: YR = yes, referred NR = not referred **Note:** If a plan cannot obtain the referral indicator from the provider, then leave this field BLANK. No errors will be counted for leaving this field BLANK.
25	**ENCOUNTER and PLAN RECORD ID CODE (EPRI)** - A code assigned by the plan to uniquely identify the encounter in the data submission and in the plan's internal database. The EPRI is Optional.

Field ID	*General Field Description*
26	**NEWBORN BIRTH WEIGHT** Hospital encounters for newborns **must** include the Birth Weight in grams. Hospital, Inpatient (R type) and Outpatient (M type) Source: UB-92: is given in the "Value Amount column of FL-39-41 a-d where the Value Code ="80" (in grams).
27	**PRESCRIPTION NUMBER** – Used for Pharmacy (Encounter Type D) only. A seven-character code assigned in sequence to regular prescriptions filled by the pharmacy.
28	**CLAIM STATUS -** Indicates whether the claim for services was fully adjudicated. N = Paid P = Denied
29	**LINE STATUS** - Indicates when payment for an individual line item on the claim was paid or denied. N = Paid P = Denied
30-33	**PATIENT FIRST NAME, MIDDLE INITIAL, LAST NAME and SSN**. If there is no middle initial or it is unknown, insert a HYPHEN (-) in Field 31.
34-37	**SUBSCRIBER FIRST NAME, LAST NAME, SSN and BIRTH DATE** (Optional). The Subscriber is the head of household in which the patient resides and/or a guardian (for patients who are dependents). Patient and Subscriber can be the same. Information may be used for PIC match.
38	**ALTERNATE BILLING PROVIDER ID** is required if the billing provider does not have a valid Medicaid Provider Number. Medicaid Provider Numbers may be used in combination with either the Federal Tax-ID (Employer Identification Number (EIN) or Social Security Number (SSN)), or the Pharmacy's NABP number.
39	**ALTERNATE PERFORMING/ATTENDING OR PRESCRIBING PROVIDER ID** is required if the performing/attending or prescribing provider does not have a valid Medicaid Provider Number. Medicaid Provider Numbers may be used in combination with the provider's State License Number or DEA Identifier.
40	**ENCOUNTER DATA PROCESSOR TAX ID** Optional field to assist Contractor in tracking encounter records to their processors.
41	**HOSPITAL PATIENT CONTROL NUMBER (PCN)** Applicable to hospital claims (Encounter Type R - required and M – optional). The Patient's unique number assigned by the hospital to facilitate retrieval of individual case record.
42	**FILLER**
43-78	**ERROR FLAGS** – These are included in the file that is returned to the MCO after the edit and validation process. MCO should review these flags to make corrections to the next submission. Codes: '1' = field value did not pass edits ' ' (blank) = field value did pass edits '-' = no edit required Codes unique to specific error flag fields: **Error Flag Field 21** – Revenue Codes: ▪ Code '-' = no edit required. ▪ Code '1' = required revenue code is not valid or is blank. ▪ Code ' ' (blank) = required revenue code is valid. ▪ Code 'M' = required revenue code is modified. ▪ Code 'C' = modified value is valid. **Error Flag Field 12** – Lined Billed Charges: ▪ Code 'Z' – field 12 = zeros

Field ID	*General Field Description*
	▪ Code 'U' – field 12 = all 9's (i.e. 9999999.99) ▪ Code 'I' – field 12 = all 8's (i.e. 8888888.88) ▪ Code 'N' – field 12 = 099999999 (i.e. 0999999.99) ▪ Code 'E' – field 12 = 088888888 (i.e. 0888888.88) ▪ Code 'G' – field 12 = any other non-numeric or low values
79	**ASSOCIATION FLAG 41** - Recipient not eligible for date of service
80	**ASSOCIATION FLAG 42** - Performing provider not active for date of service
81	**ASSOCIATION FLAG 43** - Invalid recipient age for diagnosis
82	**ASSOCIATION FLAG 44** - Invalid recipient sex for diagnosis
83	**ASSOCIATION FLAG 45** - Invalid recipient age for procedure
84	**ASSOCIATION FLAG 46** - Invalid recipient sex for procedure
85	**ASSOCIATION FLAG 47** - Invalid place of service for procedure
86	**PIC-CHANGE-FLAG** [PIC = Patient Identification Code] Completed by DSHS. When the PIC submitted in Field 4 is invalid and a valid PIC is found by DSHS based on any of the following: • Name (Fields 31, 32 & 33) and Date of Birth (Field 5); • Name and Social Security Number (Field 34); or • Social Security Number and Date of Birth; The matched PIC will replace the invalid PIC in Field 4 for use in all subsequent processing of the encounter record. One of the following codes will appear in Field 86: • C = PIC corrected; • V = original (submitted) PIC is valid; • I = invalid PIC submitted and no valid PIC identified through match process.
87	**ERROR FLAG – PCN:** Same codes as for fields 43-78.
88	**PRESCRIPTION DAYS SUPPLY:** Number of days prescription covers.
89	**ERROR FLAG - Prescription Days Supply:** Same codes as for fields 43-78.
90	**TYPE - Alternate Billing Provider ID:** REQUIRED if no valid Medicaid Provider Number is reported – Hyphen-fill if Alternate Identifier is not used. If using a • Federal Tax Identifier in Field # 38 - leave this field BLANK. No error will be generated. • NABP/NCPDP Identifier in Field #38 – USE "N" in this field.
91	**TYPE - Alternate Performing/Attending or Prescribing Provider ID:** REQUIRED if no valid Medicaid ID is reported - Hyphen-fill if Alternate Identifier is not used. If using a: • State License Number in Field # 39 – leave this field BLANK. No error will be generated. • Drug Enforcement Agency (DEA) issued Identifier in Field #39 – USE "D" in this field.
92	**ERROR FLAG** for Alternate Billing provider ID (Field 90)
93	**ERROR FLAG** for Alternate Performing/Attending or Prescribing Provider (Field 91)

VALIDATION EDITS

DSHS will perform edits on all encounter data files. The following conditions will result in errors:

1. Missing or invalid values in required fields
2. Non-numeric data in numeric fields
3. Negative values in numeric fields
4. Invalid dates

Association Flags: Relational edits of associations between two fields such as, invalid recipient age or sex for diagnosis or procedure. Counts of inconsistent or erroneous associations will be indicated by the prefix ' * ' on the hard copy of error summary reports and will not be included in the total number of errors.

Physical Record Layout And Field Requirements

KEY for Encounter Type Codes	
R	**Required field – Required for processing.**
A	**Applicable field – Information entered into these fields (30-33) is used to identify valid Patient Identification Codes (PIC) when a plan either does not submit a PIC or the submitted PIC is invalid.**
O	**Optional field – Contractors are encouraged to submit optional information**
E	**Field at the encounter level**
L	**Field at the line item level**
X	**Cobol Picture for character or alphanumeric field**
9	**Cobol Picture for numeric field**
V99	**Implied decimal point followed by 2 digits**

Field #	Field Name	Level	Encounter Type				Physical Record Layout		
			J, L, P	R	M	D	Cobol Picture	Occurs	Start position
1	Encounter Type Indicator	E	R	R	R	R	X(1)	1	1
2	Encounter ID	E	R	R	R	R	9(9)	1	2
3	Line Item Number	L	R	R	R	R	9(2)	1	11
4	PIC	E	R	R	R	R	X(14)	1	13
5	Date of Birth	E	R	R	R	R	9(6)	1	27
6	Plan ID	E	R	R	R	R	9(7)	1	33
7		E	R	R	R	R	9(7)	1	40

Field #	Field Name	Level	Encounter Type				Physical Record Layout		
			J, L, P	R	M	D	Cobol Picture	Occurs	Start position
	Billing Provider Medicaid Number		Required only if the provider has a Medicaid provider ID						
8	Performing/Attending or Prescribing Provider Medicaid Number	E	R Required only if the provider has a Medicaid provider ID	R	R	R	9(7)	1	47
9	DRG	E		R			9(3)	1	54
10	Hospital Admission Date	E		R			9(6)	1	57
11	Patient Destination on Discharge	E		R			X(2)	1	63
12	Line Billed Charges	L		R	R		9(7)V99	1	65
13	Date of Service	L	R	R	R	R	9(6)	1	74
14	Hospital Discharge Date	E		R			9(6)	1	80
15	Place of Service	E	R		R		X(1)	1	86
16	Primary Procedure:	E	R	R	R		X(5)	1	87
17	Other Procedure Codes	E	R	R	R		X(5)	5	92
18	Procedure Code Modifier	L	R		R		X(2)	1	117
19	Principal Diagnosis Code	L	R	R	R		X(7)	1	119
20	Other Diagnosis Codes	E		R	R		X(7)	8	126
21	Revenue Code	L		R	R		9(4)	1	182
22	National Drug Code (NDC)	L	R			R	X(11)	1	186
23	Units of Service	L	R	R	R	R	9(7)	1	197
24	EPSDT Referral Indicator	E	O				X(2)	1	204
25	Plan Record ID (EPRI)	E	O	O	O	O	X(20)	1	206
26	Newborn Birth Weight	E		R	R		9(4)	1	226
27	Prescription Number	L				R	X(7)	1	230
28	Claim Status	E	R	R	R	R	X(1)	1	237
29	Line Status	L	R	R	R	R	X(1)	1	238
30	Patient’s First Name	E	A	A	A	A	X(17)	1	239
31	Patient’s Middle Initial	E	A	A	A	A	X(1)	1	256

Field #	Field Name	Level	Encounter Type				Physical Record Layout		
			J, L, P	R	M	D	Cobol Picture	Occurs	Start position
32	Patient's Last Name	E	A	A	A	A	X(20)	1	257
33	Patient's SSN	E	A	A	A	A	X(9)	1	277
34	Subscriber's First Name	E	O	O	O	O	X18)	1	286
35	Subscriber's Last Name	E	O	O	O	O	X(20)	1	304
36	Subscriber's SSN	E	O	O	O	O	X(9)	1	324
37	Subscriber's Birth Date	E	O	O	O	O	9(6)	1	333
38	Alternate Billing Provider ID: Tax or NABP Identifier.	E	R/O	R/O	R/O	R/O	X(10)	1	339
			Required only if the provider has no Medicaid provider number.						
39	Alternate Performing / Attending or Prescribing Provider ID: State License Number or DEA Identifier	E	R/O	R/O	R/O	R/O	X(10)	1	349
			Required only if the provider has no Medicaid provider number.						
40	ED Processor Tax ID	E	O	O	O	O	X(10)	1	359
41	Hospital Patient Control Number (PCN)	E		R	O		X(20)	1	369
42	FILLER						X(47)	1	389
ERROR FLAG FORMAT (DSHS COMPLETES)									
43	Error Flag 1 Enc, Type						X(1)	1	436
44	Error Flag 2 Enc. ID						X(1)	1	437
45	Error Flag 3 Line Item						X(1)	1	438
46	Error Flag 4 PIC						X(1)	1	439
47	Error Flag 5 Date of Birth						X(1)	1	440
48	Error Flag 6 Plan #						X(1)	1	441
49	Error Flag 7 Billing. Provider. Medicaid #						X(1)	1	442
50	Error .Flag 8 Performing Provider Medicaid #						X(1)	1	443
51	Error Flag 9 DRG						X(1)	1	444
52	Error Flag 10 Hosp. Admit Date						X(1)	1	445
53	Error Flag 11 Discharge Destination						X(1)	1	446
54	Error Flag 12 Line Billed Charge						X(1)	1	447

Field #	Field Name	Level	Encounter Type				Physical Record Layout		
			J, L, P	R	M	D	Cobol Picture	Occurs	Start position
55	Error Flag 13 Date of Service						X(1)	1	448
56	Error Flag 14 Hosp. Discharge Date						X(1)	1	449
57	Error Flag 15 Place of Service						X(1)	1	450
58	Error Flag 16 Principal Procedure Code						X(1)	1	451
59	Error Flag 17-1 to 17-5: Other Procedure Codes						X(1)	5	452
60	Error Flag 18 Procedure Code Modifier						X(1)	1	457
61	Error Flag 19 Principal Diagnosis						X(1)	1	458
62	Error Flag 20-1 to 20-8 Other Diagnoses						X(1)	8	459
63	Error Flag 21 Revenue Code						X(1)	1	467
64	Error Flag 22 National Drug Code						X(1)	1	468
65	Error Flag 23 Units of Service						X(1)	1	469
66	Error Flag 24 EPSDT Referral Indicator						X(1)	1	470
67	Filler hyphen-filled						X(1)	1	471
68	Error Flag 26 Newborn Birth Wt.						X(1)	1	472
69	Error Flag 27 Prescription Number						X(1)	1	473
70	Error Flag 28 Claim Status						X(1)	1	474
71	Error Flag 29 Line Status						X(1)	1	475
72	Error. Flag 30						X(1)	1	476
73	Error Flag 31						X(1)	1	477
74	Error Flag 32						X(1)	1	478
75	Error Flag 33						X(1)	1	479
76	Error Flag 38 Billing Provider Alt ID #						X(1)	1	480

Field #	Field Name	Level	Encounter Type				Physical Record Layout		
			J, L, P	R	M	D	Cobol Picture	Occurs	Start position
77	Error Flag 39 Performing Provider Alt ID #						X(1)	1	481
78	Error Flag 40						X(1)	1	482
79	Association Flag 41 Patient not eligible on date of service						X(1)	1	483
80	Association Flag 42 Performing Provider Medicaid ID # is not active on date of service.						X(1)	1	484
81	Association Flag. 43 Invalid age for diagnosis						X(1)	1	485
82	Association Flag 44 Invalid sex x diagnosis.						X(1)	1	486
83	Association Flag 45 Invalid age x procedure						X(1)	1	487
84	Association Flag 46 Invalid sex x procedure						X(1)	1	488
85	Association Flag. 47 Invalid place x procedure						X(1)	1	489
86	PIC Change Flag						X(1)	1	490
87	PCN Error Flag						X(1)	1	491
88	Prescription Days Supply	L				R	9(3)	1	492
89	Error Flag Prescription Days Supply						X(1)	1	495
90	Alternate Bill-Provider ID Type	E	O	O	O	O	X(1)	1	496
91	Alternate Performing Attending Prescribing Provider ID Type	L	O	O	O	O	X(1)	1	497
92	Error Flag Alternate Billing Provider ID Type						X(1)		498
93	Error Flag Alternate Performing Attending Prescribing Provider ID Type						X(1)	1`	499
94	FILLER						X(1)	1	500

EVALUATION AND REPORT

Upon receipt of the encounter data file, MAA's Encounter Data Unit will review the data for accuracy in formatting and send an evaluation of the encounter data to each MCO in the table format below. Encounter data files exceeding a 2%error rate may be rejected for correction and complete resubmission.

Health Plan Encounter Data Quarterly Submission Evaluation

Encounter Data Unit, MAA Information Services Division

MAA File Reference Names

MAA file names to reference submitted files	Contents of file	Comments
EDPLANQ42003I.txt	HO/SCHIP and Basic Health Plus – Initial submission	

Timeliness

Qtr/Yr	Date Due	Date Received	Comments
Q4 2003	04/01/04	03/30/04	

Completeness of Encounter Types Reported

Qtr/Yr	HO/ BHP+	Comments
Q4 2003	HO and BHP+	

Number of Records Reported

Qtr/Yr Type	HO/ BHP+	Pharmacy 'D'	Physician 'J'	EPSDT 'L'	Outpatient Hospital 'M'	Medical Supplies 'P'	Inpatient 'R'	Total Records
Q4 2003	All Records							All Records:
	HO		0	0	0	0	0	
	BHP+		0	0	0	0	0	
	Paid Records							Paid Records:
	HO		0	0	0	0	0	
	BHP+		0	0	0	0	0	

Accuracy

Qtr/ Year	HO/ BHP+	Plan ID#	Type	Total Paid Records (1)	Significant Errors* by code # (4)	ED % # at risk to error (3)	Record # at risk to error (1) (2)	Comments
Q4 2003	HO		Initial					
	BHP+		Initial					

Findings and Considerations

Qtr/ Year	Plan ID #	HO/ BHP+	Comments
		HO and BHP+ HO	The principle findings identified through the ACS formatting edit and EDU EAR analysis processes for _____are listed below: ACS format errors: 1. Invalid or missing client PICs; 2. Invalid NDCs. EDU findings:
		HO and BHP+	1. EDU identified the following incorrect PIC value in 3 records for BHP+: 72822 44 42 (EAR #5).
		HO	• The NDC 51672-0200-22 is identified as invalid for 11 of the 16 records with NDC errors
		HO	Before consideration of the combined findings for completeness and accuracy, there are ____ records with ACS format errors out of _____HO records
		BHP+	Before consideration of the combined findings for completeness and accuracy, there are ____ records with ACS format errors out of ____ BHP+ records
			This submission is accepted/rejected
			If rejected – Specify errors that must be corrected in order to accept the submission.